REPORT AND RECOMMENDATIONS

RURAL ELDERLY TASK FORCE

OF THE

MISSOURI RURAL HEALTH COALITION

INITIATIVE

Presented to

The Missouri Office of Rural Health Advisory Commission

EXECUTIVE SUMMARY

Introduction

Missouri's fast growing population of rural elderly mandates the need to identify the problems associated with rural elderly health care and to formulate recommendations to alleviate these problems. Missouri is in the top 10 states with 14.0% or more of persons 65 or older constituting the total population in 1990. There are 718,000 older Missourians and 43% of them reside in rural areas. Also, 144,000 Missourians have been diagnosed with Alzheimer's disease. An average of 13.8% of persons 65 and older live below the poverty level in Missouri.

Availability, access, cost, transportation, and public education to promote wellness are key issues which are integrally linked to health care conditions in rural Missouri.

Rural elders are disadvantaged in comparison to their urban counterparts in key indicators affecting health and well-being. For example, a significantly greater proportion of the rural population is aged 65 and older, with a substantially larger percent of them aged 85 and older. In rural communities, a greater proportion of rural elderly have incomes below the poverty level than their urban counterparts. There are also fewer physicians, nurses, and hospital beds per person in rural areas to serve the needs of this vulnerable population.

Between 1980 and 1987, ten acute-care rural Missouri hospitals closed. In some communities, alcohol and drug abuse facilities and rehabilitation institutions reopened these facilities, keeping the total number of hospitals relatively stable. However, the loss of an acute-care hospital in a rural community decreases the variety of health care services available.

The need of the rural minority elderly are difficult to address because of the low population density in the majority of rural Missouri counties, with the exception of the Bootheel.

Task Force Findings

In the course of eight meetings (beginning April 1991), the Rural Elderly Task Force narrowed the urgent health problems of rural elders in Missouri to:

- Deficits in primary care
- Deficits in long-term care
- Deficits in promotion of health and wellness
- Deficits in transportation

Correlatively, recommendations to alleviate these deficits were narrowed to:

- Increase number of primary health care professionals to care for rural elderly.
- Increase promotion of health and wellness.
- Increase number of preventive health and mental health care programs to care for rural elderly.
- Provide nucleus for exchange and distribution of information and education related to the improvement of rural health for elders.
- Increase non-institutionalized long-term care options in rural areas (e.g., home care services, adult day care, hospice).
- Increase quality of care in long-term care.

HEALTH CARE ISSUES FOR MISSOURI'S ELDERS

PROBLEMS	RECOMMENDATIONS
1. DEFICITS IN PRIMARY CARE	
• Lack of primary care health professionals -Physicians -Nurse practitioners -Community health nurses -Mental health professionals -Physical therapists -Occupational therapists	• Provide incentives to recruit and retain health care professionals. • Remove regulatory barriers to professional practice; address social and economic barriers. • Increase availability of support services for professionals (including collegial networking, telecommunications, and continuing education). • Reallocate health care resources to primary care.
• Lack of rural health clinics	• Remove regulatory barriers to service delivery (e.g., enact waivers) • Encourage an interdisciplinary, collaborative, team approach among professionals.
• Lack of preventive health and mental health programs	• Increase the awareness of the need for mental health program services (i.e., the elderly have the highest percentage of suicide among any age group). • Reallocate health care resources to community-based mental health programs.
• Inadequate capability to respond to emergencies	• Develop a system of fully equipped modern ambulances and trained crews.
• Lower utilization rates of health care services (physicians/nurses)	• Alleviate transportation problems. • Increase knowledge of available services.

PROBLEMS	RECOMMENDATIONS
2. DEFICITS IN LONG-TERM CARE (LTC)	
• Institutional -Lack of trained professionals and ancillary staff -Lack of trained support staff	• Provide incentives to recruit and retain long-term care (LTC) staff. • Promote the institutional climate to improve the quality of LTC services: -Remove regulatory barriers to allow creative management. -Increase financial resources. -Increase staff education in the area of social gerontology and geriatrics. -Increase community overview of the delivery of services (e.g., Ombudsman Program).
• Community-based services -Lack of support services, including: -adult day care -respite care -home health care -home chore and companion services -gatekeeper programs that use community networks such as mail carriers and utility workers to monitor well-being of isolated elders -adult foster home care -telephone reassurance and hot lines	• Remove regulatory and financial barriers to the establishment and delivery of community-based options to institutional care. • Provide information and education regarding the availability and appropriate use of LTC options.

PROBLEMS	RECOMMENDATIONS
3. DEFICITS IN PROMOTION OF HEALTH AND WELLNESS	
• Lack of acknowledgment and awareness of health problems • Lack of knowledge of available preventive health resources • Lack of emphasis on preventive health	• Increase support for preventive health through educational programs, screening services, exercise and stress reduction activities, and the creation of barrier-free environments. • Increase awareness among the elderly and their caregivers regarding the positive value of preventive health services. • Increase acknowledgment by the health care professionals of the positive value of preventive health services for the elderly population. • Provide the nucleus for exchange and distribution of information and education related to the improvement of rural health for elders.
4. DEFICITS IN TRANSPORTATION	
• Lack of coordination of existing services (including volunteer services) • Lack of funding • Lack of vehicles equipped to assist the elderly • Lack of knowledge about how to overcome regulatory barriers or about the impact of the Americans with Disabilities Act	NOTE: Addressing transportation problems, although a distinct need identified at the first meeting, was not targeted for recommendations by the Rural Elderly Task Force because a separate task force on transportation is dealing with this item.

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